

MONTANA CRANE & HOIST OPERATOR PROGRAM
301 South Park Avenue 4TH Floor
PO Box 200513
Helena, Montana 59620-0513
Phone: (460) 444-6880 Fax: (406) 841-2305
E-Mail: dlibsdhhelp@mt.gov
Website: www.craneoperator.mt.gov

Crane Application for Re-Examination

Please complete this application and return with the appropriate fee below. **Fee is required for written exam only.** In accordance to 50-74-311 MCA you must wait 45 days after failing an examination before you can reexamine.

Name: _____ E-Mail Address: _____

Mailing Address: _____
Street or PO Box City State Zip

Phone: (Home) _____ (Work) _____

Present Employer: _____

Please indicate which exam you will be retaking.

Exam and Associated Fees for Written Exam (No fee for Practical Exam)

First Class - \$50.00 _____

Second Class - \$50.00 _____

Third Class - \$30.00 _____

Please list the date of your last exam _____

The written exam can be taken at most any job service in the state. You must identify which job service you would like your exam to be sent to. You will be notified by mail when your exam is sent to the job service listed below.

Please send my exam to this job service: _____

SIGNATURE: _____ DATE: _____